



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER					
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Marchal		First Name Helen		Middle Name	Nickname
4. Mailing Address P.O. Box 2963				5. FAX (Optional)	6. E-mail Address (Optional) helenmarchal@gmail.com
7. City Indianapolis	State IN	ZIP Code 46206	8. County Marion	9. Telephone (Day) (317) 650-6270	10. Telephone (Evening) (317) 650-6270
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion Superior Court Judge		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Helen Marchal for Judge					
14. Mailing Address <input type="checkbox"/> Check if this is a new address PO. Box 2963				15. FAX (Optional)	16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46206	18. County Marion	19. Telephone (317) 650-6270	20. Committee Organization Date (MM-DD-YY) 09-06-11
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson J. Murray Clark					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 300 N. Meridian Street, Suite 2700				23. FAX (Optional)	24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46204	26. County Marion	27. Telephone (Day) (317) 237-0300	28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Union Savings Bank, Indianapolis, IN					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Amy Waggoner		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Amy E. Waggoner			Signature of the Committee Chairperson X		
34. Mailing Address <input type="checkbox"/> Check if this is a new address 2216 Durham Drive				35. FAX (Optional)	36. E-mail Address (Optional) amyewaggoner@gmail.com
37. City Indianapolis	State IN	ZIP Code 46220	38. County Marion	39. Telephone (Day) (317-) 748-1321	40. Telephone (Evening)
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).			Signature of Person Accepting Appointment 		
SECTION E. CERTIFICATION OF STATEMENT					
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.					
42. Typed or Printed Name of Chairperson J. Murray Clark		Signature of Chairperson X		Date (MM-DD-YY) 01/18/16	
43. Typed or Printed Name of Candidate Helen Marchal		Signature of Candidate 		Date (MM-DD-YY) 1-20-16	
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).					

FOR OFFICE USE ONLY

Myla A. Eldridge

JAN 20 2016

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